2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # N03070 1. Entity Name STAGE WORKS, INC. 04-23-2001 90057 032 ****70.00 Principal Place of Business Mailing Address 120 ADRIATIC AVENUE 120 ADRIATIC AVENUE TAMPA FL 33606-3308 TAMPA FL 33606-3308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2465234 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRENNEN, ANNA 120 ADRIATIC AVENUE TAMPA FL 33606 City Zip Code 8. The above named entity subm e purpose of changing its registered office or registered agent, or both, in the state Florida SIGNATURE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE Change BRENNEN, ANNA NAME NAME 120 ADRIATIC AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL PD TITLE TITLE Addition HUGHES, PETEER NAME NAME STREET ADDRESS 1406 W MORRISON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33606** Delete TITLE STERLING, WALLACE NAME STREET ADDRESS 3421 PICO DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or prostee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or prostee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or prostee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or prostee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or prostee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 in the corporation of the receiver or prostee empowered to execute this report as required by Chapter 617, Florida Statutes; and the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corpo

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

ANNA DREWWEN 4/14/01/251-892